Policy No.: 03-02 Effective Date: 03/07/03 Revision Date: 04-22-15

Subject: Clinical Use of Polygraph

I. Policy Statement

The Clinical Polygraph Examination (CPE) may, when authorized, be used by a licensed/certified polygraph examiner who has specialized training and experience in testing sexually offending juveniles, as part of an integrated juvenile sex offender treatment, and with adjudicated sexually offending juveniles who are in the custody of the Division.

II. Rationale

- A. The primary objectives of the CPE are to obtain accurate information for placement recommendations, treatment planning, clinical interventions, risk assessment, and community management.
- B. The CPE can be used to assess reports relating to behavior. The three types of CPE that are typically administered to sexually offending juveniles are:
 - 1. Sexual History Disclosure Test: Refers to verification of completeness of the juvenile's disclosure of his/her entire sexual history, generally through the completion of a comprehensive sexual history questionnaire.
 - 2. Instant Offense Disclosure Test: Refers to testing the accuracy of the juvenile's report of his/her behavior in a particular sex offense, usually the most recent offense related to his/her being criminally charged.
 - 3. Maintenance/Monitoring Test: Refers to testing the verification of the juvenile's report of compliance with supervision rules and restrictions. The primary objective of the CPE is to obtain information necessary for placement recommendations, treatment plan, risk assessment, community management and clinical interventions.
- C. Use of the CPE is expected to improve treatment delivery, treatment efficacy and reduce the potential for sexual recidivism.

III. Definitions

A. "Clinical Polygraph Examination" (CPE), as used in this Policy, is an examination performed with an instrument used to measure physiological responses in a juvenile who is being questioned, in order to determine if the answers given are truthful.

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B. "Deception Detection Examiner" refers to a licensed/certified examiner who has specialized training and experience using a CPE instrument for testing sexually offending juveniles.

IV. Procedures

- A. A CPE may only be used for a sexually offending adjudicated juvenile age who is age fourteen (14) or older, and only when authorized by the Division's Director of Clinical Services. A request for authorization must be submitted in writing with the approval of the juvenile's case manager, the case manager's supervisor, and the Assistant Program Director (APD).
- B. The case manager, supervisor, APD, and Director of Clinical Services shall consider the following indicators present in a juvenile's risk profile when requesting/authorizing the use of a CPE including, but not limited to;
 - 1. age of juvenile (minimum14 years and older),
 - 2. delinquency history,
 - 3. sexual offense history,
 - 4. type of sexual offense,
 - 5. presence of mental illness (DSM-5 Diagnosis),
 - 6. cognitive functioning
 - 7. culpability (accountability and responsibility for sexual offending behaviors), and
 - 8. current medications.
- C. The CPE may only be used with the voluntary, written consent of the juvenile, and also the written consent of the parent/guardian for a juvenile under age 18 or when otherwise appropriate.
- D. In conjunction with seeking consent to administer the CPE, the case manager and the Deception Detection Examiner shall notify the juvenile and parent/guardian that if, through the CPE, any new sexual abuse victims are revealed, the appropriate law enforcement and child protective agency shall be notified and new charges may be filed as a result. Staff shall advise the juvenile of their right to consult an attorney.
- E. In conjunction with seeking consent to administer the CPE, the clinician shall explain the possible consequences to the juvenile for refusal to comply with the CPE, which may include increased supervision in a more restrictive transition placement. These consequences are not intended to be punitive, but rather should be based on safety considerations for the victim and the community.

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- F. Unsuccessful completion of a program or a return to court shall not be based solely on a failed CPE.
- G. A post-examination staffing to review the CPE results shall be held with the juvenile, parent/guardian (when appropriate), case manager, supervisor, and the APD, and a written report of the Deception Detection Examiner shall be placed in the juvenile's permanent case file. This information will be released only in accordance with the GRAMA Statute, Rule, and guidelines.
- H. A Deception Detection Examiner licensed/certified by the State of Utah, Department of Occupational and Professional Licensing who has specialized training and experience in testing sexually offending juveniles shall administer each CPE.
- I. Cases in which a CPE should not be used are those in which:
 - 1. parent/guardian refuses to sign Release of Information form (for juveniles under 18);
 - 2. juvenile refuses to sign Informed Consent form;
 - 3. juvenile has current medical problems which may affect the examination.
 - 4. juvenile has acute pain or illness;
 - 5. juvenile is extremely overweight which may create problems with the equipment;
 - 6. juvenile is experiencing sleep deprivation;
 - 7. juvenile has a diagnosis of psychotic condition per the DSM 5;
 - 8. juvenile has a DSM 5 level of "severe" for any diagnosis;
 - 9. juvenile has severe cognitive functioning deficits as determined by a QMHP.
 - 10. juvenile has acute distress as determined by a QMHP;
 - 11. juvenile has had recent medication changes which may affect the examination;
 - 12. juvenile is heavily medicated which may affect the examination: all juveniles should continue to take all prescribed medications. Most medication will not affect the examination process. If the juvenile is taking medications for serious nervous disorder, or suffers from any psychoses, no examination can be done;
 - 13. juvenile is at a low level of mental functioning;
 - 14. juvenile has criminal charges pending;
 - 15. no polygraph testing can be done on any juvenile who is awaiting adjudication of a criminal matter.

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V. Continuous Renewal

This policy shall be reviewed every **three** (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services and is approved upon the signature of the Director.

Russell K. Van Vleet, Chair
Board of Juvenile Justice Services

O4-22-15

Signature Date

Susan V. Burke, Director

Division of Juvenile Justice Services

O4-22-15

Signature Date

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